

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/031077

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/										
2		/		/			51						
3		/		/			52						
4		/		/			53						
5		/		/			54						
6		2		0			55						
7		2		0			56						
8		2		0			57						
9		/		0			58						
10		/		0			59						
11		/		0			60						
12		/		0			61						
13		/		0			62						
14		/		0			63						
15		/		0			64						
16		0	/				65						
17		0	/				66						
18				/			67						
19				/			68						
20				0			69						
21				0			70						
22				0			71						
23				0			72						
24				0			73						
25				0			74						
26				0			75						
27				0			76						
28							77						
29							78						
30							79						
31							80						
32							81						
33							82						
34							83						
35							84						
36							85						
37							86						
38							87						
39							88						
40							89						
41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
							100						
TOTAL IND.	1		2				TOTAL IND.						
TOTAL DEP.	19		24				TOTAL DEP.						
TOTAL CLAIMS	20		27				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY